



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:06

Reporting for the week ending 02/08/20 (MMWR Week #06)

February 14th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

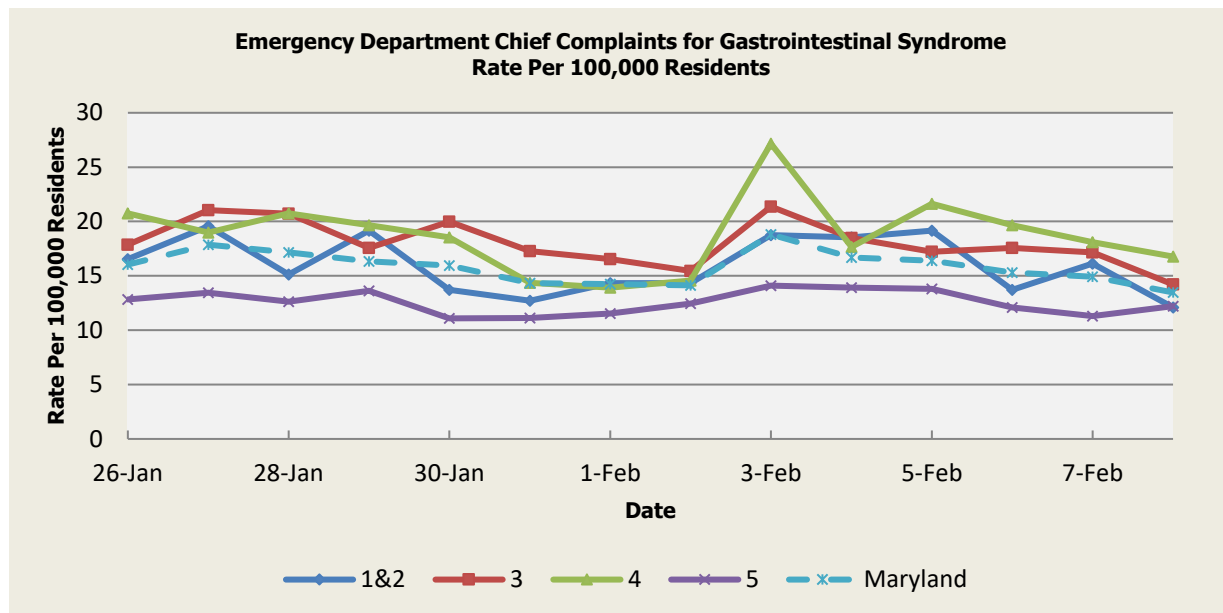
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



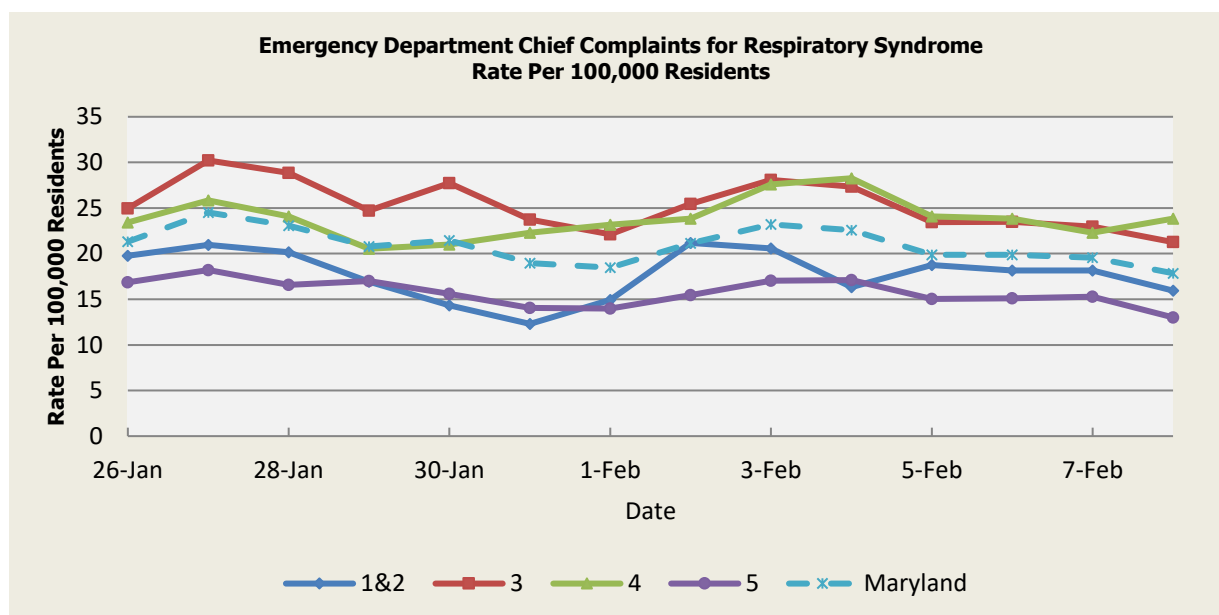
There were three (3) Gastrointestinal Syndrome outbreaks reported this week: three (3) outbreaks of Gastroenteritis in Nursing Homes (Regions 1&2,4,5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.38	15.12	16.01	10.31	13.20
Median Rate*	13.31	14.91	15.68	10.22	13.07

* Per 100,000 Residents

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Respiratory Syndrome



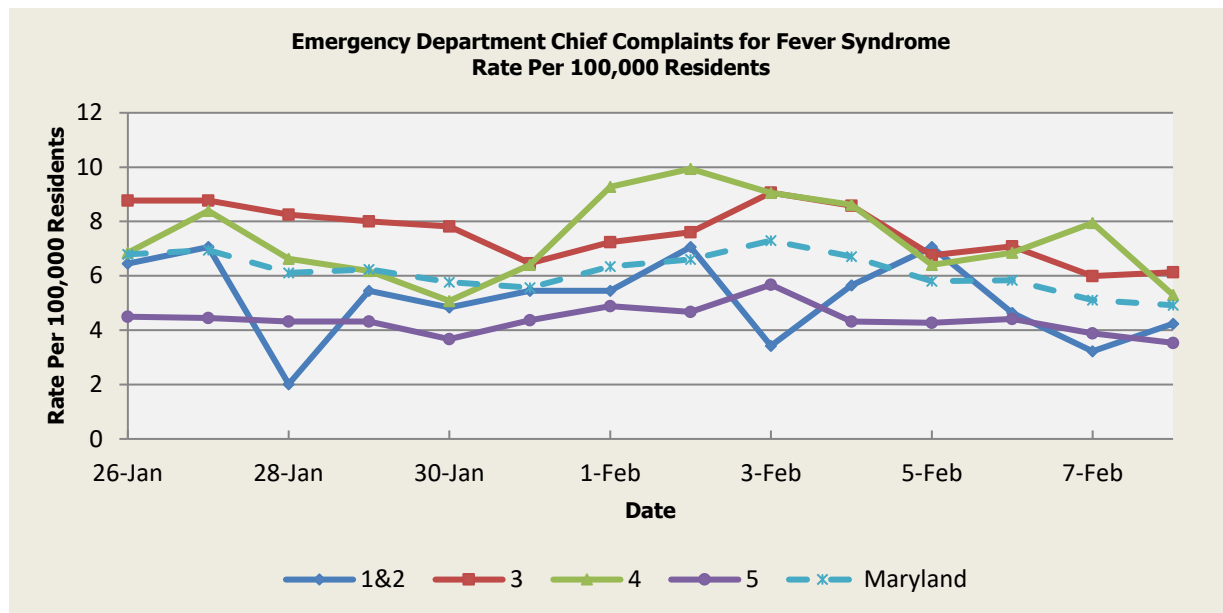
There were sixteen (16) Respiratory Syndrome outbreaks reported this week: three (3) outbreaks of Influenza in Hospitals (Regions 1&2,3), one (1) outbreak of Influenza in a Nursing Home (Regions 1&2), one (1) outbreak of Influenza in Assisted Living Facilities (Region 3), four (4) outbreaks of Influenza in Schools (Regions 3,4,5), two (2) outbreaks of Influenza in Daycare Centers (Regions 3,4), one (1) outbreak of Influenza in a Substance Abuse Treatment Center (Region 3), one (1) outbreak of Influenza/Pneumonia in a Nursing Home (Region 1&2), one (1) outbreak of ILI/Pneumonia in a Nursing Home (Region 3), one (1) outbreak of ILI in a Nursing Home (Regions 1&2) and one (1) outbreak of ILI in a School (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.70	14.88	15.22	10.06	12.88
Median Rate*	12.30	14.29	14.57	9.65	12.37

* Per 100,000 Residents

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Fever Syndrome



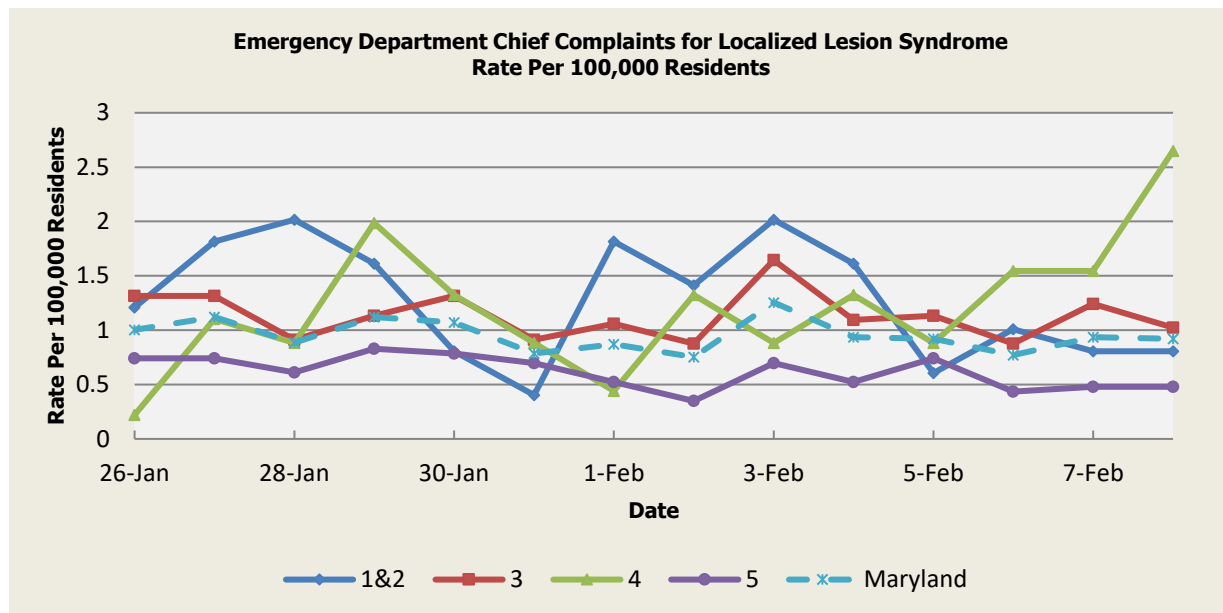
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.11	3.94	4.16	3.07	3.55
Median Rate*	3.02	3.80	3.97	2.97	3.41

**Per 100,000 Residents*

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Localized Lesion Syndrome



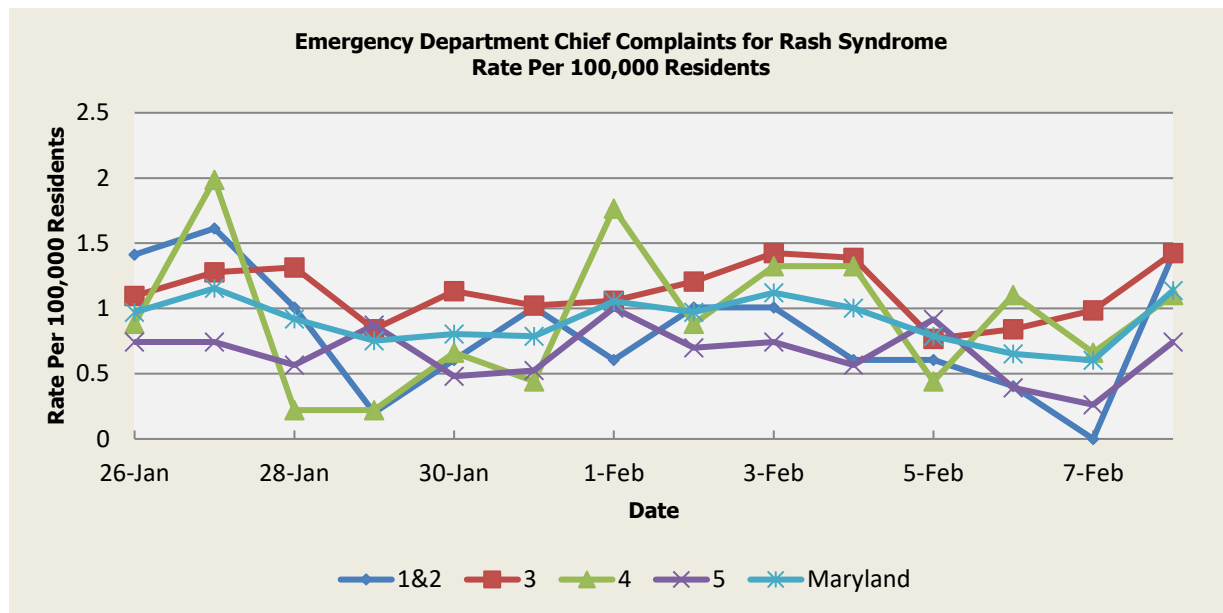
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.77	2.03	0.90	1.41
Median Rate*	1.01	1.72	1.99	0.87	1.36

* Per 100,000 Residents

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Rash Syndrome



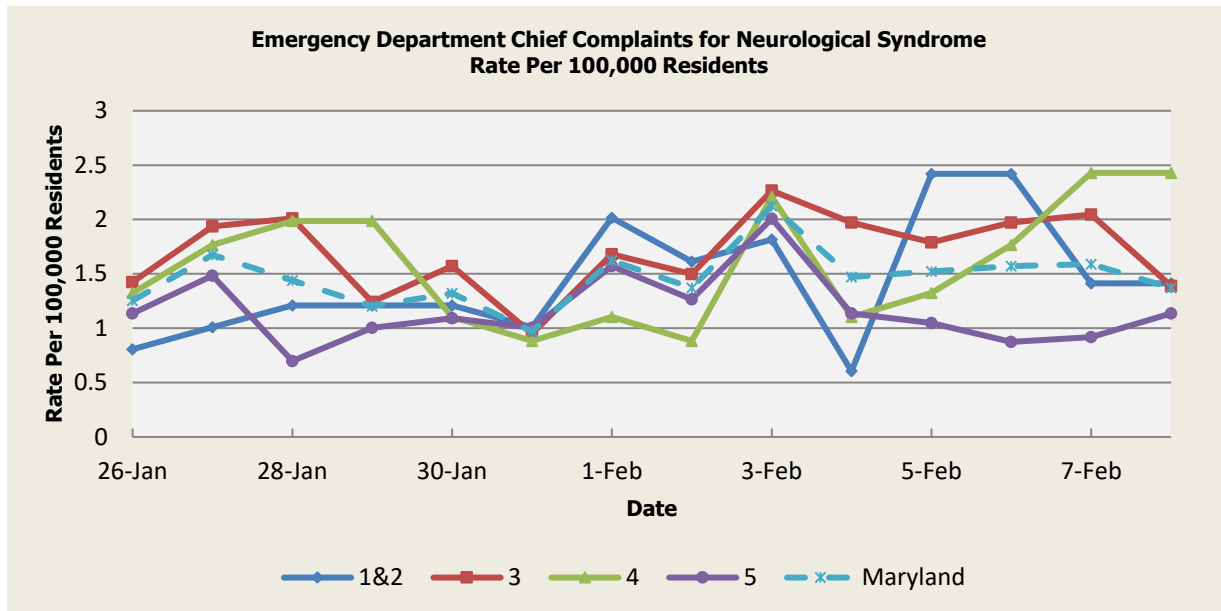
There was no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.66	1.75	0.97	1.37
Median Rate*	1.21	1.61	1.77	0.92	1.3

* Per 100,000 Residents

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Neurological Syndrome



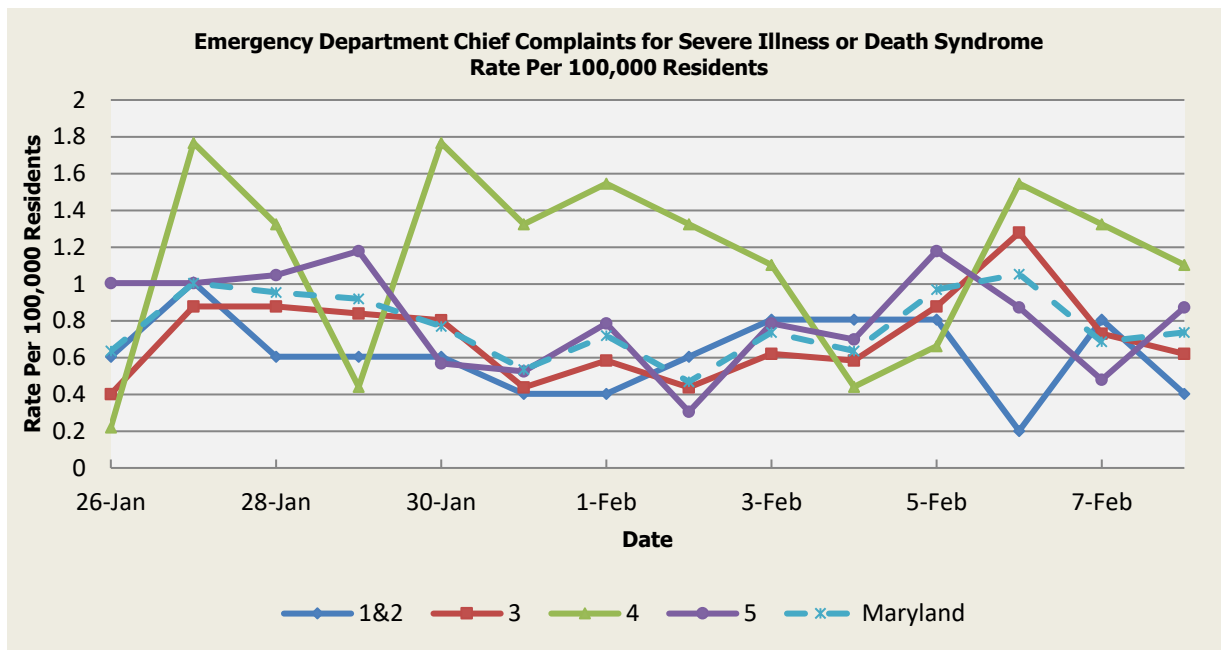
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.80	0.98	0.89	0.62	0.82
Median Rate*	0.81	0.88	0.88	0.57	0.74

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

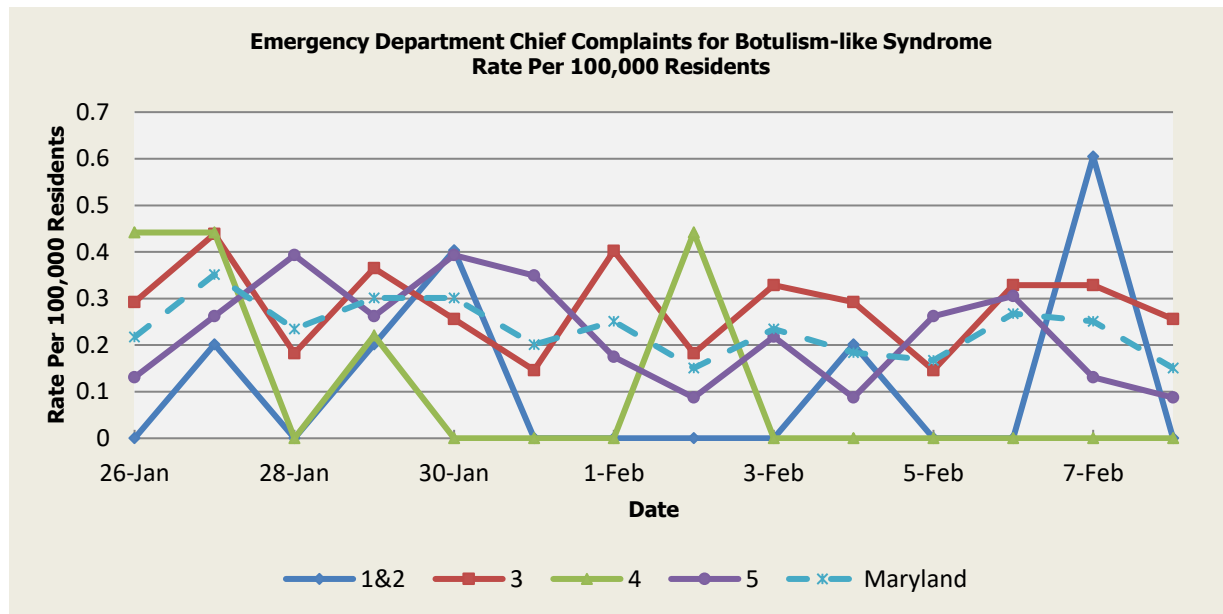
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



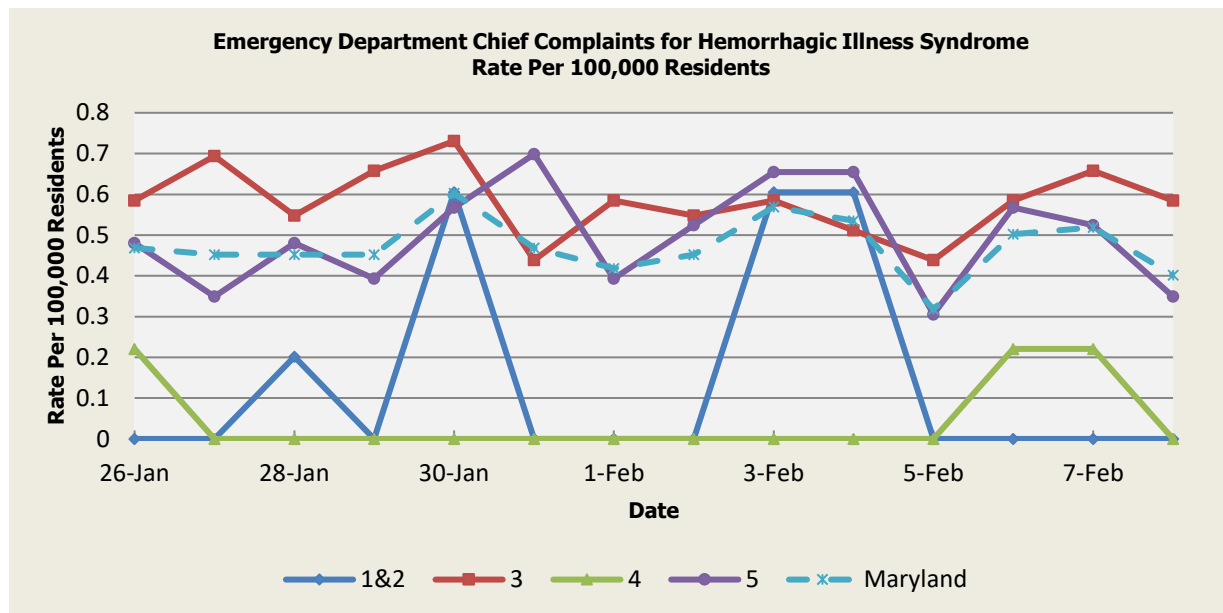
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 1/26 (Region 4), 1/27 (Regions 1&2,3,4), 1/28 (Region 5), 1/29 (Regions 1&2,3,4), 1/30 (Region 5), 1/31 (Region 5), 2/1 (Region 3), 2/2 (Region 4), 2/3 (Regions 3,5), 2/4 (Regions 1&2,3), 2/5 (Region 5), 2/6 (Regions 3,5), 2/7 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



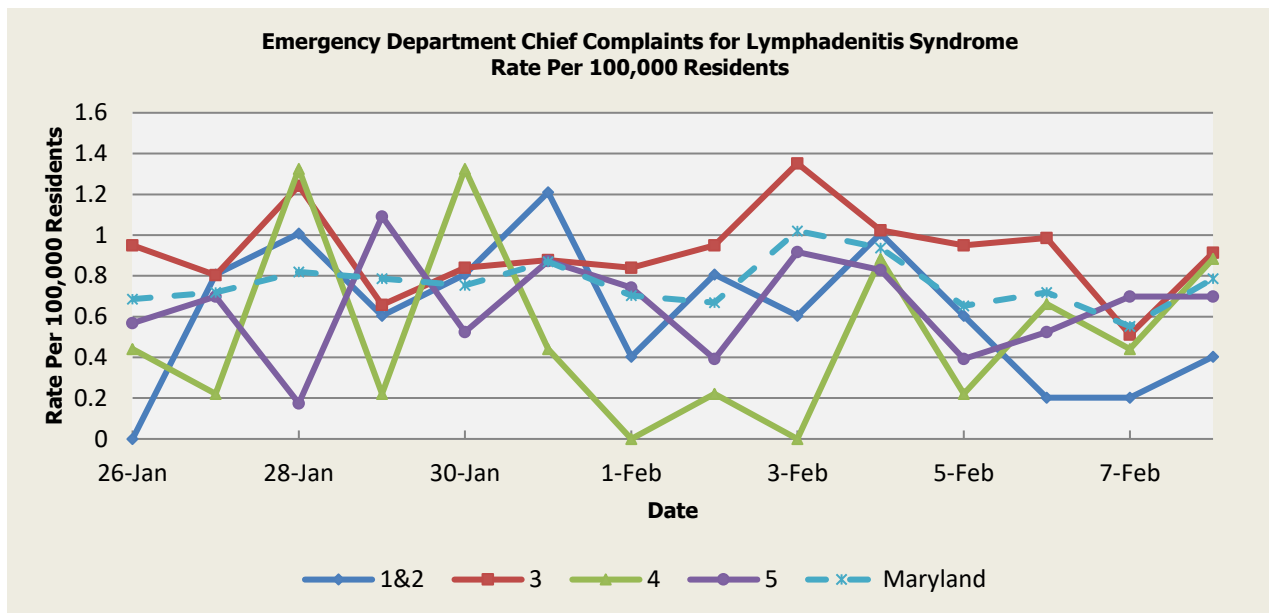
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 1/26 (Regions 3,4,5), 1/27 (Regions 3,5) 1/28 (Regions 1&2,3,5), 1/29 (Regions 3,5,) 1/30 (Regions 1&2,3,5), 1/31 (Regions 3,5), 2/1 (Regions 3,5), 2/3 (Regions 1&2,3,5), 2/4 (Regions 1&2,5), 2/5 (Regions 3,5), 2/6 (Regions 3,4, 5), 2/7 (Regions 3,4,5), 2/8 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.14	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 1/27 (Regions 1&2), 1/28 (Regions 1&2,3,4), 1/29 (Region 5), 1/30 (Regions 1&2,4) 1/31 (Regions 1&2,5), 2/2 (Regions 1&2), 2/3 (Regions 3,5), 2/4 (Regions 1&2,4,5), 2/8 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

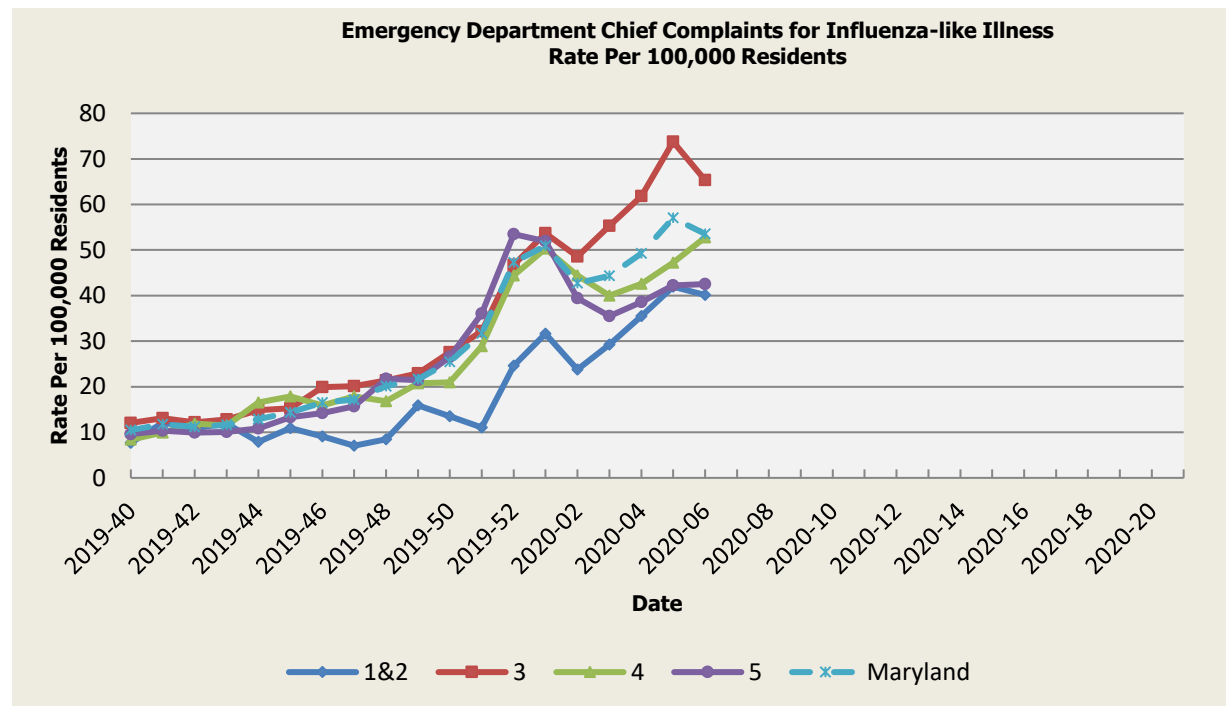
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 6 was: High Activity and Widespread Geographic Activity.

Influenza-like Illness

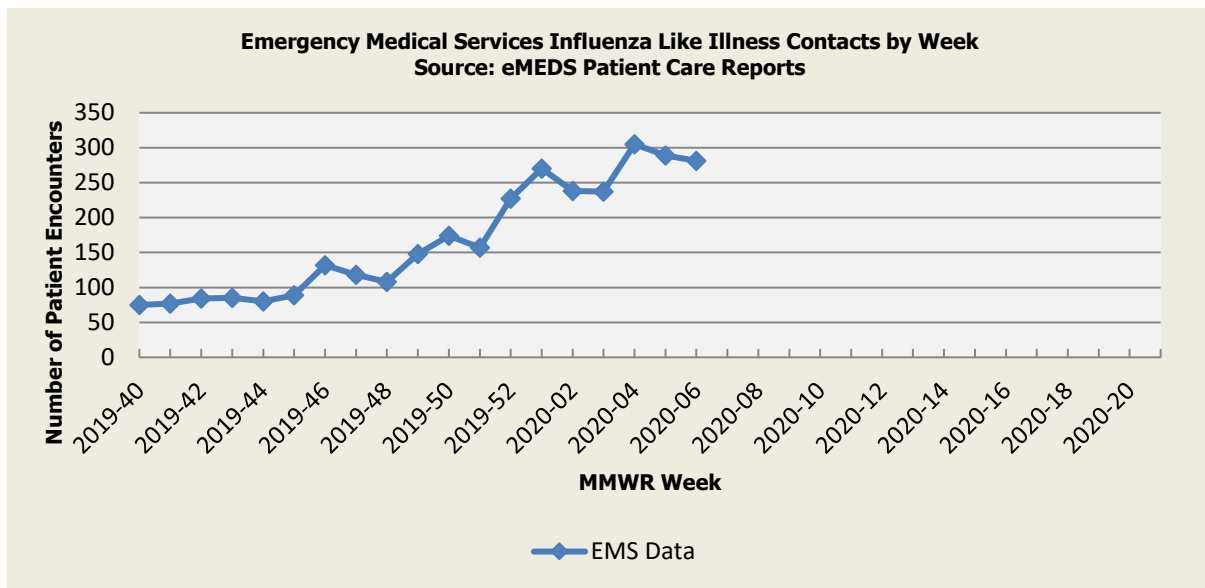


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.44	13.94	13.27	11.75	12.76
Median Rate*	7.86	10.49	9.50	8.86	9.59

* Per 100,000 Residents

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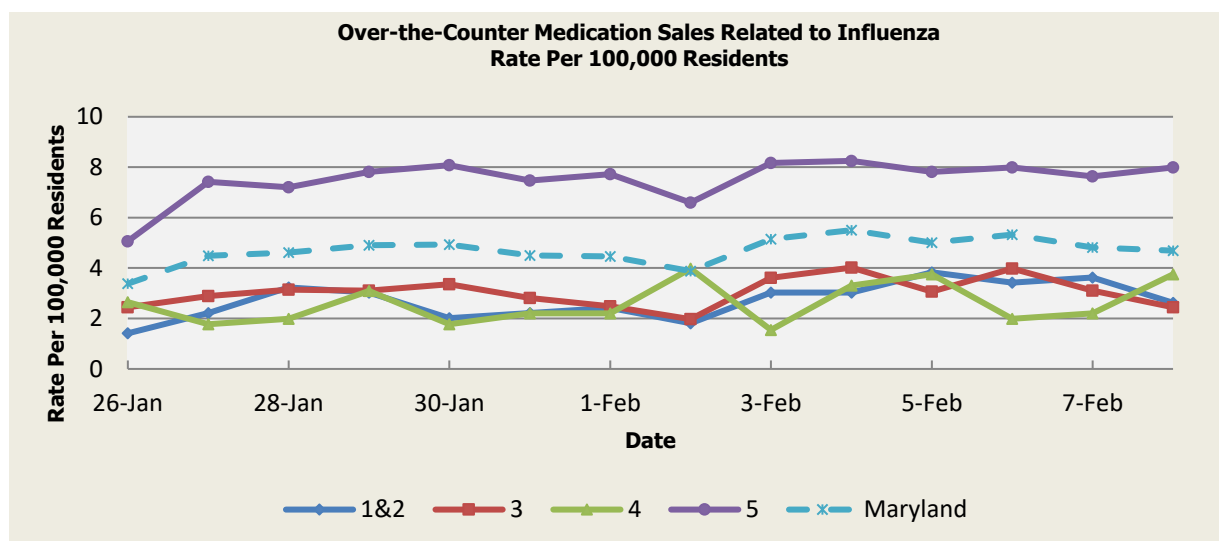
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



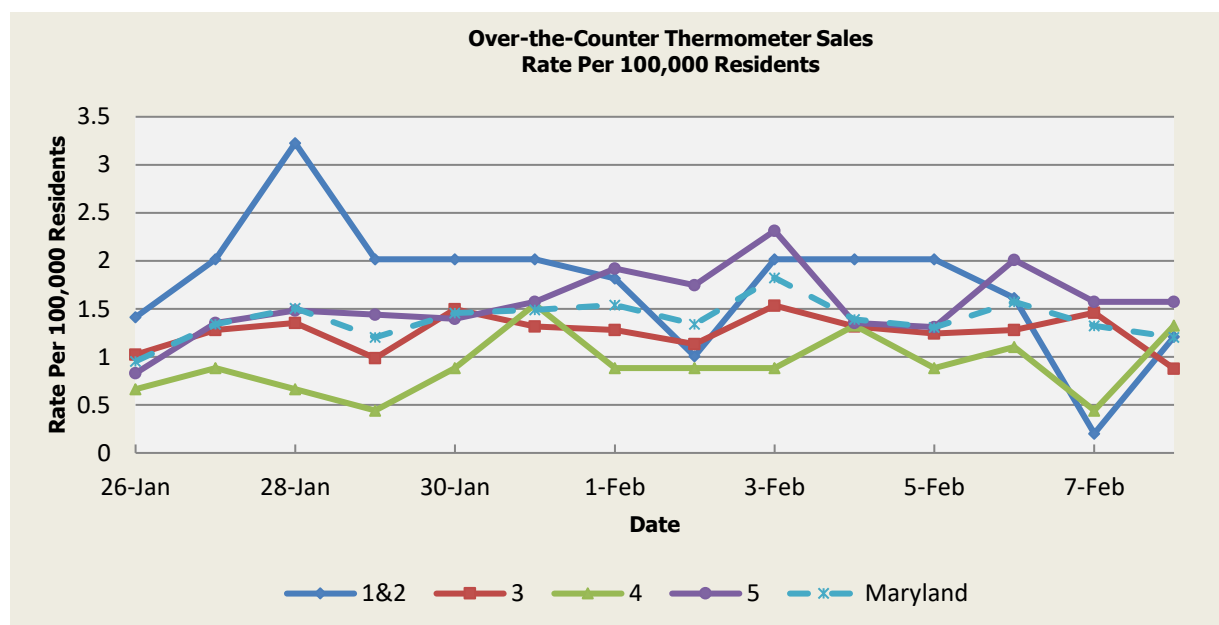
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.43	4.39	2.66	7.77	5.48
Median Rate*	2.82	3.51	2.21	7.03	4.72

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.87	2.73	2.18	3.62	3.04
Median Rate*	2.62	2.63	1.99	3.58	3.00

* Per 100,000 Residents

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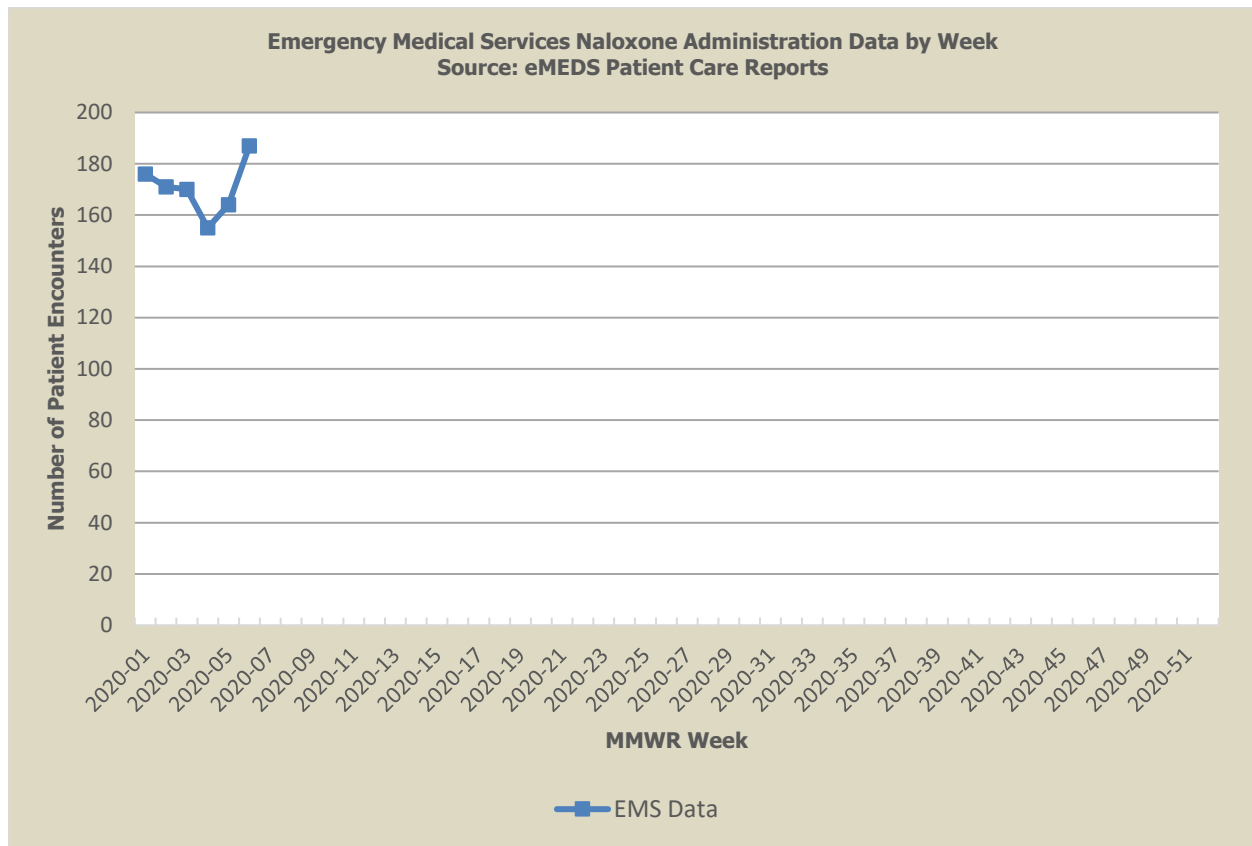
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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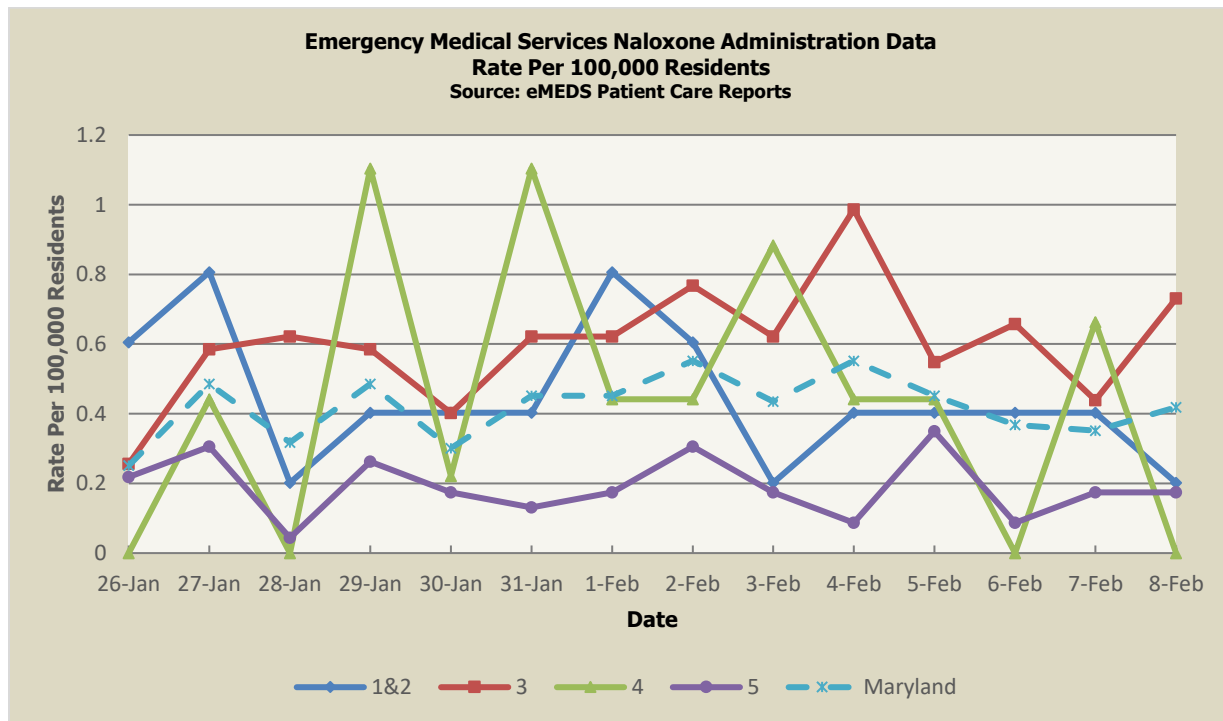
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of February 13, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (GERMANY), 11 Feb 2020, Information received on [and dated] 10 Jan 2020 from Dr. Dietrich Rassow, Director for Animal Health and Animal Welfare, Chief Veterinary Officer, Directorate of Animal Health and Animal Welfare, Federal Ministry of Food and Agriculture, Berlin, Germany. Read More: <https://promedmail.org/promed-post/?id=6978876>

AVIAN INFLUENZA (CHINA), 11 Feb 2020, Information received on [and dated] Tue 11 Feb 2020 from Dr. Huang Baoxu, Secretary of the Party Leadership Group, Animal Health and Epidemiology Centre, Ministry of Agriculture and Rural Affairs, Qingdao, China (People's Rep. of). Read More: <https://promedmail.org/promed-post/?id=6979169>

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (CHINA), 8 Feb 2020, A 7 year old boy in Hong Kong has been infected with H9 bird flu, adding to the health woes in a city already fearing a wider outbreak of the deadly coronavirus. Read More: <https://promedmail.org/promed-post/?id=6967624>

NATIONAL DISEASE REPORTS

LEGIONELLOSIS (FLORIDA), 13 Feb 2020, The Coleman Federal Correctional Complex, a Bureau of Prisons [BOP] facility near Wildwood, Florida, is home to more than 6000 inmates, roughly 500 of them women. Read More: <https://promedmail.org/promed-post/?id=6984084>

TYPHOID FEVER (KENTUCKY), 12 Feb 2020, On [Wed 5 Feb 2020], Briarwood Elementary School was notified by the Barren River District Health Department of a confirmed case of typhoid fever in one of their students. Read More: <https://promedmail.org/promed-post/?id=6982742>

HEPATITIS A (CALIFORNIA), 11 Feb 2020, Several cases of hepatitis A were confirmed in customers who ate in the same California restaurant, health officials said. The Long Beach Department of Health and Human Services announced [Fri 31 Jan 2020], that the patients ate at 555 East American Steakhouse on or around [24 Dec 2019]. Read More: <https://promedmail.org/promed-post/?id=6979038>

PERTUSSIS UPDATE (MULTISTATE), 8 Feb 2020, Minnesota health officials have confirmed an infant death related to pertussis, also known as whooping cough. The infant was diagnosed with pertussis in August 2019 and died in November [2019] after being hospitalized for 3 months. Read More: <https://promedmail.org/promed-post/?id=6969310>

HANTAVIRUS (COLORADO), 6 Feb 2020, In North America, hantaviruses commonly cause hantavirus pulmonary syndrome (HPS). Clinical descriptions of hantavirus-associated renal disease in the Americas are scarce. Read More: <https://promedmail.org/promed-post/?id=6958611>

INTERNATIONAL DISEASE REPORTS

NOVEL CORONAVIRUS UPDATES (CHINA), 13 Feb 2020, A total of 16 119 newly confirmed cases have been reported by China in the past 24 hours. This brings the total number of reported confirmed cases to 60 595 cases. In addition, 249 deaths were reported in this time period, bringing the total number of reported deaths to 1362. Read More: <https://promedmail.org/promed-post/?id=6984084>

UNDIAGNOSED ILLNESS (INDIA), 13 Feb 2020, People of Karnamadhu village in Karimganj district are in panic mode due to a mysterious disease that has already taken the lives of 6 children. 3 of the children were from the same family. Read More: <https://promedmail.org/promed-post/?id=6984082>

KYASANUR FOREST DISEASE (INDIA), 13 Feb 2020, After a monkey's death was reported in Hodanthe village of Sagar taluk on [Sun 9 Feb 2020], the NR Pura taluk has been put on high alert after 3 coffee plantation workers of Madabaru estate were tested positive for monkey fever. Read More: <https://promedmail.org/promed-post/?id=6984253>

STREPTOCOCCUS, GROUP A (CANADA), 13 Feb 2020, An outbreak of invasive group A _streptococcus_ (iGAS) infections caused by a rare emm type has been observed in Vancouver's downtown core ("Downtown Eastside"). Read More: <https://promedmail.org/promed-post/?id=6986718>

SALMONELLOSIS, SEROTYPE DUBLIN (FRANCE), 11 Feb 2020, Salmonellosis has affected 13 people in France with a link to consuming a brand of raw milk cheese. They have been infected with the same strain of _Salmonella_ Dublin, according to the National Reference Center for _Salmonella_ at the Institut Pasteur. Read More: <https://promedmail.org/promed-post/?id=6979242>

NOROVIRUS (EUROPE), 9 Feb 2020, Almost 200 people have fallen ill after eating oysters in the United Kingdom in recent months. Read More: <https://promedmail.org/promed-post/?id=6972015>

JAPANESE ENCEPHALITIS (BELGIUM), 8 Feb 2020, We would like to report a case of Japanese encephalitis in a 14 year old Belgian girl who had travelled with her family (total 8 persons) to Khao Lak, Phang Nga province, Thailand, on 20 Dec 2019 for a short holiday. Read More: <https://promedmail.org/promed-post/?id=6966480>

MEASLES UPDATE (AUSTRALIA), 6 Feb 2020, Two new measles cases have been diagnosed, and warnings have been issued for Melbourne Airport. On Wednesday [5 Feb 2020], Victoria's chief health officer, Dr Brett Sutton, confirmed a baby boy and a man in his 20s were recently diagnosed. Read More: <https://promedmail.org/promed-post/?id=6958610>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

